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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No: 10/630,304
Applicant: Junichi Asada, et al.
Filed: July 30, 2003
Title: OPTICAL HEAD APPARATUS
TC/A.U.: 2653
Examiner: Bach Q. Vuong
Confirmation No.: 9114
Docket No.: MTS-3195US1

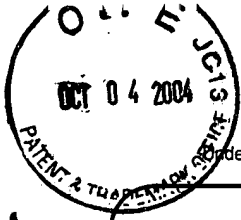
AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated July 9, 2004, please amend the above-identified application as follows:

- ☐ **Amendments to the Specification** begin on page _____ of this paper.
- ☒ **Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.
- ☐ **Amendments to the Drawings** begin on page _____ of this paper and include an attached replacement sheet(s).
- ☐ **Amendments to the Abstract** are on page _____ of this paper. A clean version of the Abstract is on page _____ of this paper.
- ☒ **Remarks/Arguments** begin on page 4 of this paper.



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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 6

Application Number	10/630,304
Filing Date	July 30, 2003
First Named Inventor	Junichi Asada, et al.
Art Unit	2653
Examiner Name	Bach Q. Vuong
Attorney Docket No.	MTS-3195US1

ENCLOSURES (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form
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<input type="checkbox"/> Affidavits/Declaration(s)

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37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)

<input type="checkbox"/> Licensing-related Papers

<input type="checkbox"/> Petition

<input type="checkbox"/> Petition to Convert to a
Provisional Application

<input type="checkbox"/> Power of Attorney, Revocation,
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<input type="checkbox"/> Terminal Disclaimer

<input type="checkbox"/> Request for Refund

<input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication
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<input type="checkbox"/> Appeal Communication to Board
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<input type="checkbox"/> Appeal Communication to TC
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<input type="checkbox"/> Status Letter

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Remarks:

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	Allan Ratner	Registration No. (Attorney/Agent)	19,717
Signature			
Date	September 30, 2004		

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Typed or printed name	Donna M. Wellings		
Signature		Date	September 30, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, ALEXANDRIA, VA 22313-1450.

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